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Pages: 8
Date: 09/13/2005 **Time:** 12:52:17 PM
Regarding: Application No.: 09/503,524 Confirmation No. 6735

Comments:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 09/503,524 Confirmation No. 6735
Applicant(s) : CRICKENBERGER, et al.
Filed : 2/14/2000
TC/A.U. : 3641
Title : MULTIPLE PULSE CARTRIDGE IGNITION SYSTEM
Examiner : CLEMENT, MICHELLE

Docket No. : 20582US
Customer No. : 23430

MS Amendment
Commissioner for Patents

AMENDMENT

PTO/SB/21 (08-03)

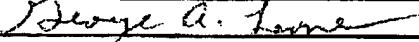
Approved for use through 08/30/2003. OMB 0651-0031

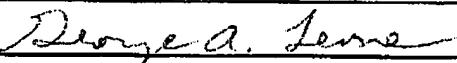
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/503,524	
	Filing Date	2/14/2000	
	First Named Inventor	CRICKENBERGER	
	Art Unit	3641	
	Examiner Name	CLEMENT, MICHELLE	
Total Number of Pages in This Submission	7	Attorney Docket Number	20582US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Remarks	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	George A. Leone, Reg. No. 30,567 2150 128th Ave NW, Coon Rapids, MN 55448 TEL. 763-767-2762 FAX 763-754-5943
Signature	
Date	9/13/2005

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	George A. Leone Reg. No. 30,567	
Signature		Date
		September 13, 2005

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PO BOX 1450
Alexandria VA 22313-1450

AMENDMENT

Dear Commissioner:

This amendment is in response to the Office Action of 08/10/2005. Please enter this amendment.

Please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of the claims, which begins on page 2 of this paper.

Remarks/Arguments with Election of Claims begin on page 4 of this paper.

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